

RD NO **HX475653**

"X APPLICABLE BOXES"

| OFFICER INFORMATION | | INCIDENT INFORMATION | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| NAME (LAST - FIRST - M.I.) VAN DYKE, JASON D | | <input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR ADDRESS OF OCCURRENCE 4112 S PULASKI RD | |
| STAR NO. 9465 | POSITION POLICE OFFICER | CITY <input checked="" type="checkbox"/> CHICAGO | STATE (If outside Chicago) IL |
| DATE OF APPOINTMENT 25-JUN-2001 | EMPLOYEE NO. 0845R | LOCATION CODE 304-STREET | BEAT OF OCCURRENCE 0815 |
| UNIT OF ASSIGNMENT 008 | BEAT/CALL NO. 0845R | DATE OF OCCURRENCE 20-OCT-2014 | TIME 21:57:00 |
| SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F | RACE WHITE | DAY OF WEEK MONDAY | |
| HEIGHT 602 | WEIGHT 180 | NO. OF OFFICERS BATTERED <u>3</u> | |
| TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED | | WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO | |
| <input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER | | IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? <u>8</u> MANNER OF ATTACK <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input checked="" type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS) | |
| WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____ | | TYPE OF WEAPON/THREAT (Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input checked="" type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON | |
| TYPE OF ACTIVITY | | <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input checked="" type="checkbox"/> H. OTHER (SPECIFY) <u>/SWINGING KNIFE</u> | |
| <input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input checked="" type="checkbox"/> K. OTHER | | OFFENDER INFORMATION SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE BLACK DOB 25-SEP-1997 CB NO. _____ IR NO. _____ | |
| TYPE OF INJURY TO OFFICER | | WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? GANG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN <input checked="" type="checkbox"/> 3. UNKNOWN NO. OF OFFENDERS PRESENT? <u>1</u> | |
| LIGHTING CONDITIONS AT INCIDENT | | WEATHER CONDITIONS <input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> 1. POOR <input type="checkbox"/> F. SLEET / HAIL <input type="checkbox"/> C. DAWN <input checked="" type="checkbox"/> 2. GOOD <input type="checkbox"/> F. SEVERE CROSS WIND APPROXIMATE OUTDOOR TEMPERATURE: 50 °F | |

OFFENDER'S ACTIONS WERE UNPROVOKED.

REPORTING MEMBER - SIGNATURE
VAN DYKE, JASON D

STAR NO.
9465

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
MC NAUGHTON, DAVID R 120

TACTICAL RESPONSE REPORT/Chicago Police Department

| | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. DATE OF INCIDENT 20-OCT-2014 | | 2. ADDRESS OF OCCURRENCE 4112 S PULASKI RD CHICAGO, IL 60632 | | 3. LOCATION CODE 304 | | 4. BEAT/OCCUR 0815 | |
| 5. POSITION 9161 | | 6. LAST NAME VAN DYKE | | 7. FIRST NAME JASON D | | 8. STAR NO. 9465 | |
| 9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 10. RACE CODE WHI | | 11. AGE 602 | | 12. HT 180 | |
| 13. WT 180 | | 14. DATE OF APPT. 25-JUN-2001 | | 15. EMPLOYEE NO. 008 | | 16. UNIT & BEAT OF ASSIGNMENT 0845R | |
| 17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off | | 18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | | |
| 20. LAST NAME MCDONALD | | 21. FIRST NAME LEQUAN | | 22. M.I. BLK | | 23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | |
| 24. RACE 25-SEP-1997 | | 25. D.O.B. | | 26. HT. 601 | | 27. WT. 185 | |
| 28. ADDRESS IL 60637 | | 29. TELEPHONE NO. | | 30. WAS SUBJECT ARMED/KNIFE/OTHER CUTTING INSTRUMENT, OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | 31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | |
| 32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 33. WHERE WAS MEDICAL TREATMENT OBTAINED? MOUNT SINAI HOSPITAL | | 34. BY WHOM? DR. PITZEL | | 35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence | |
| 36. CHARGES PLACED <input type="checkbox"/> DNA | | 37. CB NO. | | IR NO. | | <input type="checkbox"/> DNA | |
| 38. REASON FOR USE OF FORCE (Check all that apply) | | | | | | | |
| SUBJECT'S ACTIONS | | PASSIVE RESISTER | | ACTIVE RESISTER | | ASSAULT: ASSAULT | |
| DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> | | FLED <input type="checkbox"/> | | IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> | | ATTACK WITH WEAPON <input checked="" type="checkbox"/> | |
| STIFFENED (DEAD WEIGHT) <input type="checkbox"/> | | PULLED AWAY <input type="checkbox"/> | | OTHER <input type="checkbox"/> | | ATTACK WITHOUT WEAPON <input type="checkbox"/> | |
| OTHER <input type="checkbox"/> | | OTHER <input type="checkbox"/> | | OTHER <input type="checkbox"/> | | OTHER <input type="checkbox"/> | |
| MEMBER'S RESPONSE | | OPEN HAND STRIKE <input type="checkbox"/> | | ELBOW STRIKE <input type="checkbox"/> | | KNEE STRIKE <input type="checkbox"/> | |
| MEMBER PRESENCE <input checked="" type="checkbox"/> | | TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> | | CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> | | KICKS <input type="checkbox"/> | |
| VERBAL COMMANDS <input checked="" type="checkbox"/> | | OC CHEMICAL WEAPON <input type="checkbox"/> | | IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> | | IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> | |
| ESCORT HOLDS <input type="checkbox"/> | | CANINE <input type="checkbox"/> | | OTHER <input type="checkbox"/> | | OTHER <input type="checkbox"/> | |
| WRISTLOCK <input type="checkbox"/> | | TASER (Probe Discharge) <input type="checkbox"/> | | | | | |
| ARMBAR <input type="checkbox"/> | | TASER (Contact Stun) <input type="checkbox"/> | | | | | |
| PRESSURE SENSITIVE AREAS <input type="checkbox"/> | | TASER (Laser Targeted) <input type="checkbox"/> | | | | | |
| CONTROL INSTRUMENT <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | | | | |
| OC/CHEMICAL WEAPON WAIVER/AUTHORIZATION <input type="checkbox"/> | | OTHER <input type="checkbox"/> | | | | | |
| OTHER <input type="checkbox"/> | | | | | | | |
| 39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) | | | | | | | |
| 40. ADDITIONAL INFORMATION OFFENDER'S WEAPON WAS A KNIFE IN HIS HAND. | | | | | | | |
| POSITION | | STAR NO. | | UNIT | | | |
| 41. WEAPON TYPE | | 42. INCIDENT OCCURRED | | 43. LIGHTING CONDITIONS | | 44. WEATHER CONDITIONS | |
| <input checked="" type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN | | <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER | | <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors | | <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial | |
| 45. MAKE/MANUFACTURER SMITH & WESSON - US (BODYGUARD, CHIEF SPECIAL) | | 46. MODEL 5943 | | 47. BARREL LENGTH 5 | | 48. CALIBER/GAUGE 9 MM | |
| 49. TASER DART ID NO. | | 50. WEAPON SERIAL NO. (Include Letters) TDU5969 | | 51. CHICAGO GUN REG. NO. 628361 | | 52. IL FIREARM OWNER ID. NO. 95380037 | |
| 53. HANDGUN CERTIFICATE NO. | | 54. SPECIAL WEAPON CERTIFICATE NO. | | 55. PROPERTY INVENTORY NO. | | 56. TYPE OF AMMUNITION USED Department Issued | |
| 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1 | | 58. TOTAL NO. OF SHOTS MEMBER FIRED 16 | | 59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) | | 60. WAS FIREARM RELOADED DURING INCIDENT <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | |
| 61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 15 | | 62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) | | 63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) | | 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD BY MAGAZINE | |
| 65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO | | 66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE | | 67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input checked="" type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT. | | 68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN | |
| 69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) | | 70. REPORT NO. 1429315878 | | 71. R.O. NO. HX475653 | | | |
| 72. CASE INFO. | | | | | | | |
| NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT/DIST. OF OCCUR. <input type="checkbox"/> CPIC | | | | | | | |
| NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV. | | | | | | | |
| Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. | | | | | | | |
| 73. REPORTING MEMBER (Print Name) VAN DYKE, JASON D | | STAR/EMPLOYEE NO. 9465 | | SIGNATURE [Signature] | | | |
| 21-OCT-2014 04:41:45 | | | | | | | |
| Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below. | | | | | | | |
| 74. REVIEWING SUPERVISOR (Print Name) FRANKO, STEPHEN D | | STAR NO. 1381 | | SIGNATURE [Signature] | | DATE REVIEWED TIME 21-OCT-2014 04:44:58 | |

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject is deceased.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based upon information available at the time of this report it is the preliminary determination of the undersigned that Officer Van Dyke fired his weapon in compliance with Department policy. Officer Van Dyke fired his weapon in fear of his life when the offender while armed with a knife continued to approach and refused all verbal direction.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1072125 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

MC NAUGHTON, DAVID R

SIGNATURE

DATE COMPLETED

TIME

21-OCT-2014 04:58:37

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRRs THIS EVENT No.

1

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. **HX475653**

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

| OFFICER INFORMATION | | | INCIDENT INFORMATION | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------|
| NAME (LAST - FIRST - M.I.) WALSH, JOSEPH J | | | <input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR ADDRESS OF OCCURRENCE 4112 S PULASKI RD | | |
| STAR NO. 12865 | POSITION POLICE OFFICER | | CITY <input checked="" type="checkbox"/> CHICAGO | | STATE (If outside Chicago) |
| DATE OF APPOINTMENT 29-JUN-1998 | | EMPLOYEE NO. [REDACTED] | LOCATION CODE 304-STREET | | BEAT OF OCCURRENCE 0815 |
| UNIT OF ASSIGNMENT 008 | | BEAT/CALL NO. 0845R | DATE OF OCCURRENCE 20-OCT-2014 | | TIME 21:57:00 |
| SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F | RACE WHITE | DOB [REDACTED] | DAY OF WEEK MONDAY | | |
| HEIGHT 600 | | WEIGHT 190 | | | |
| TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED | | | | | |
| <input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ | | WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____ | | | |
| 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER | | | | | |
| TYPE OF ACTIVITY | | | | | |
| <input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ | | | | | |
| <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ | | | | | |
| <input checked="" type="checkbox"/> K. OTHER | | | | | |
| TYPE OF INJURY TO OFFICER | | | | | |
| <input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE | | | | | |
| LIGHTING CONDITIONS AT INCIDENT | | | | | |
| <input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD | | | | | |
| MANNER OF ATTACK | | | | | |
| <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input checked="" type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS) | | | | | |
| TYPE OF WEAPON/THREAT | | | | | |
| (Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> E. FEET <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> B. VEHICLE <input checked="" type="checkbox"/> H. OTHER (SPECIFY) <u>/SWINGING KNIFE</u> <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT | | | | | |
| OFFENDER INFORMATION | | | | | |
| SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F | | RACE BLACK | | DOB 25-SEP-1997 | |
| CB NO. | | IR NO. | | | |
| OFFENSE INFORMATION | | | | | |
| WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? GANG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN <input checked="" type="checkbox"/> 3. UNKNOWN | | | | | |
| NO. OF OFFENDERS PRESENT? <u>1</u> | | | | | |
| WEATHER CONDITIONS | | | | | |
| <input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND APPROXIMATE OUTDOOR TEMPERATURE: <u>50 °F</u> | | | | | |

Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

REPORTING MEMBER - SIGNATURE
WALSH, JOSEPH J

STAR NO.
12865

WATCH COMMANDER / UNIT COMMANDING OFFICER - SIGNATURE STAR NO.
MC NAUGHTON, DAVID R 120

CPD-11.451 (REV. 1/04)

TACTICAL RESPONSE REPORT/Chicago Police Department

| | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| MEM INV | 1. DATE OF INCIDENT 20-OCT-2014 | | 2. ADDRESS OF OCCURRENCE 4112 S PULASKI RD CHICAGO, IL 60632 | | 3. LOCATION CODE 304 | | 4. BEAT/OCCUR 0815 | |
| | 5. POSITION 9161 | | 6. LAST NAME WALSH | | 7. FIRST NAME JOSEPH J | | 8. STAR NO 12865 | |
| SUBJECT INFORMATION | 9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 10. RACE CODE WHI | | 11. AGE 600 | | 12. HT 190 | |
| | 13. WT 190 | | 14. DATE OF APPT 29-JUN-1998 | | 15. EMPLOYEE NO. 10016 | | 16. UNIT & BEAT OF ASSIGNMENT 008 0845R | |
| | 17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off | | 18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | | |
| | 20. LAST NAME MCDONALD | | 21. FIRST NAME LEQUAN | | 22. M.I. J | | 23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | |
| REASON FOR USE OF FORCE (Check all that apply) | 24. RACE BLK | | 25. D.O.B. 25-SEP-1997 | | 26. HT 601 | | 27. WT 185 | |
| | 28. ADDRESS IL 60637 | | 29. TELEPHONE NO. | | 30. WAS SUBJECT ARMED/OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | 31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | |
| | 32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 33. WHERE WAS MEDICAL TREATMENT OBTAINED? DR. PITZEL | | 34. BY WHOM? | | 35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid | |
| | 36. CHARGES PLACED | | 37. CB NO. | | IR NO. | | DNA | |
| SUBJECT'S ACTIONS | PASSIVE RESISTER | | ACTIVE RESISTER | | ASSAILANT: ASSAULT | | ASSAILANT: BATTERY | |
| | DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> | | FLED <input type="checkbox"/> | | IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> | | ATTACK WITH WEAPON <input checked="" type="checkbox"/> | |
| | STIFFENED (DEAD WEIGHT) <input type="checkbox"/> | | PULLED AWAY <input type="checkbox"/> | | OTHER | | ATTACK WITHOUT WEAPON <input type="checkbox"/> | |
| | OTHER | | OTHER | | OTHER | | OTHER | |
| MEMBER'S RESPONSE | MEMBER PRESENCE <input checked="" type="checkbox"/> | | OPEN HAND STRIKE <input type="checkbox"/> | | ELBOW STRIKE <input type="checkbox"/> | | KNEE STRIKE <input type="checkbox"/> | |
| | VERBAL COMMANDS <input checked="" type="checkbox"/> | | TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> | | CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> | | KICKS <input type="checkbox"/> | |
| | ESCORT HOLDS <input type="checkbox"/> | | OC CHEMICAL WEAPON <input type="checkbox"/> | | IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> | | IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> | |
| | WRISTLOCK <input type="checkbox"/> | | CANINE <input type="checkbox"/> | | OTHER | | OTHER | |
| WEAPON DISCHARGE INCIDENT | PRESSURE SENSITIVE AREAS <input type="checkbox"/> | | TASER (Probe Discharge) <input type="checkbox"/> | | TASER (Contact Stun) <input type="checkbox"/> | | TASER (Laser Targeted) <input type="checkbox"/> | |
| | CONTROL INSTRUMENT <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | OTHER | | OTHER | |
| | OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/> | | OTHER | | OTHER | | OTHER | |
| | OTHER | | OTHER | | OTHER | | OTHER | |
| CASE INFO. | 39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) | | 40. ADDITIONAL INFORMATION OFFENDER ARMED WITH KNIFE. | | | | | |
| | POSITION | | STAR NO. | | UNIT | | | |
| | 41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN | | 42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors | | 43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial | | 44. WEATHER CONDITIONS CLEAR | |
| | 45. MAKE/MANUFACTURER | | 46. MODEL | | 47. BARREL LENGTH | | 48. CALIBER/GAUGE | |
| SIGNATURES | 49. TASER DART ID NO. | | 50. WEAPON SERIAL No. (Include Letters) | | 51. CHICAGO GUN REG. NO. | | 52. IL FIREARM OWNER ID. NO. | |
| | 53. HANDGUN CERTIFICATE NO. | | 54. SPECIAL WEAPON CERTIFICATE NO. | | 55. PROPERTY INVENTORY NO. | | 56. TYPE OF AMMUNITION USED | |
| | 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER | | 58. TOTAL NO. OF SHOTS MEMBER FIRED | | 59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify) | | 60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | |
| | 61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED | | 62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) | | 63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) | | 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD | |
| SIGNATURES | 65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | 66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) | | 67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT. | | 68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN | |
| | 69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) | | 70. EVENT NO. 1429315878 | | 71. R.D. NO. HX475653 | | | |
| | 72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC | | 73. REPORTING MEMBER (Print Name) WALSH, JOSEPH J | | STAR/EMPLOYEE NO. 12865 | | SIGNATURE | |
| | 74. REVIEWING SUPERVISOR (Print Name) FRANKO, STEPHEN D | | STAR NO. 1381 | | SIGNATURE | | DATE REVIEWED TIME 21-OCT-2014 05:07:32 | |
| 75. MEMBERS WILL ENSURE THAT ALL REQUIRED NOTIFICATIONS AND ALL WITNESSES TO THIS USE OF FORCE ARE DOCUMENTED IN THE APPROPRIATE CASE REPORT. | | | | | | | | |
| 76. REVIEWING SUPERVISOR WILL ENSURE THE LEGIBILITY AND COMPLETENESS OF THIS REPORT AND ATTEST BY ENTERING THE REQUIRED INFORMATION BELOW. | | | | | | | | |

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject is deceased.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Officer Walsh's actions were in compliance with the Department's use of force policy.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1072125 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

MC NAUGHTON, DAVID R

SIGNATURE

DATE COMPLETED TIME

21-OCT-2014 05:12:27

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

2

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. **HX475653**

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

| OFFICER INFORMATION | | INCIDENT INFORMATION | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| NAME (LAST - FIRST - M.I.) GAFFNEY, THOMAS J | | <input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR ADDRESS OF OCCURRENCE 4000 1/2 S KARLOV AVE | |
| STAR NO. 19958 | POSITION POLICE OFFICER | CITY <input checked="" type="checkbox"/> CHICAGO | STATE (If outside Chicago) |
| DATE OF APPOINTMENT 08-JUL-1996 | EMPLOYEE NO. [REDACTED] | LOCATION CODE 304-STREET | BEAT OF OCCURRENCE 0815 |
| UNIT OF ASSIGNMENT 008 | BEAT/CALL NO. 0815R | DATE OF OCCURRENCE 20-OCT-2014 | TIME 21:56:00 |
| SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F | RACE WHITE | DAY OF WEEK MONDAY | |
| HEIGHT 600 | WEIGHT 195 | NO. OF OFFICERS BATTERED 3 | |
| TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED <input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER _____ WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____ | | MANNER OF ATTACK <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input checked="" type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS) | |
| TYPE OF ACTIVITY <input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input checked="" type="checkbox"/> K. OTHER | | TYPE OF WEAPON/THREAT (Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> E. FEET <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input checked="" type="checkbox"/> B. VEHICLE <input checked="" type="checkbox"/> H. OTHER (SPECIFY) <u>/SWINGING KNIFE</u> <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input checked="" type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON | |
| TYPE OF INJURY TO OFFICER <input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE | | OFFENDER INFORMATION SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE BLACK DOB 25-SEP-1997 CB NO. _____ IR NO. _____ WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN <input checked="" type="checkbox"/> 3. UNKNOWN GANG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN <input checked="" type="checkbox"/> 3. UNKNOWN NO. OF OFFENDERS PRESENT? 1 | |
| LIGHTING CONDITIONS AT INCIDENT <input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD | | WEATHER CONDITIONS <input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND APPROXIMATE OUTDOOR TEMPERATURE: 50 °F | |

CPD-11.451 (REV. 1/04)

Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

REPORTING MEMBER - SIGNATURE
GAFFNEY, THOMAS J

STAR NO.
19958

WATCH COMMANDER / UNIT COMMANDING OFFICER - SIGNATURE STAR NO.
MC NAUGHTON, DAVID R 120

CPD-11.451 (REV. 1/04)

TACTICAL RESPONSE REPORT/Chicago Police Department

| | | | | | | | | | | | | |
|----|-------------------------------------------|--|---------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|--|
| 1 | 1. DATE OF INCIDENT 20-OCT-2014 | | TIME 21:56:00 | | 2. ADDRESS OF OCCURRENCE 4000 1/2 S KARLOV AVE CHICAGO, IL 60632 | | | | 3. LOCATION CODE 304 | | 4. BEAT/OCCUR 0815 | |
| | 5. POSITION 9161 | | 6. LAST NAME GAFFNEY | | 7. FIRST NAME THOMAS J | | 8. STAR NO. 19958 | | 9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 10. RACE CODE WHI | |
| 2 | 14. DATE OF APPT 08-JUL-1996 | | 15. EMPLOYEE NO. [REDACTED] | | 16. UNIT & BEAT OF ASSIGNMENT 008 0815R | | 17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off | | 18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | |
| | 20. LAST NAME MCDONALD | | 21. FIRST NAME LEQUAN | | 22. M.I. J | | 23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 24. RACE BLK | | 25. D.O.B. 25-SEP-1997 | |
| 3 | 26. ADDRESS [REDACTED] | | 29. TELEPHONE NO. [REDACTED] | | 30. WAS SUBJECT ARMED? KNIFE/OTHER CUTTING INSTRUMENT, OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | | | 31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | 32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | |
| | 33. WHERE WAS MEDICAL TREATMENT OBTAINED? | | | | 34. BY WHOM? DR PITZEL | | 35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid | | | | | |
| 4 | 36. CHARGES PLACED | | | | 37. CB NO. | | IR NO. | | | | | |
| | | | | | | | | | | | | |
| 5 | 38. DNA | | SUBJECTS ACTIONS | | ACTIVE REGISTER | | ASSAULT: ASSAULT | | ASSAULT: BATTERY | | ASSAULT: DEADLY FORCE | |
| | | | | | | | | | | | | |
| 6 | MEMBER'S RESPONSE | | PASSIVE REGISTER | | OPEN HAND STRIKE | | ELBOW STRIKE | | KNEE STRIKE | | FIREARM | |
| | | | | | | | | | | | | |
| 7 | WEAPON DISCHARGE INCIDENT | | DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> | | FLED <input type="checkbox"/> | | IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> | | ATTACK WITH WEAPON <input checked="" type="checkbox"/> | | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> | |
| | | | | | | | | | | | | |
| 8 | WEAPON DISCHARGE INCIDENT | | STIFFENED (DEAD WEIGHT) <input type="checkbox"/> | | PULLED AWAY <input type="checkbox"/> | | OTHER _____ | | ATTACK WITHOUT WEAPON <input type="checkbox"/> | | WEAPON <input checked="" type="checkbox"/> | |
| | | | | | | | | | | | | |
| 9 | WEAPON DISCHARGE INCIDENT | | OTHER _____ | | OTHER _____ | | OTHER _____ | | OTHER _____ | | OTHER _____ | |
| | | | | | | | | | | | | |
| 10 | WEAPON DISCHARGE INCIDENT | | MEMBER PRESENCE <input checked="" type="checkbox"/> | | TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> | | CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> | | KICKS <input type="checkbox"/> | | OTHER _____ | |
| | | | | | | | | | | | | |
| 11 | WEAPON DISCHARGE INCIDENT | | ESCORT HOLDS <input type="checkbox"/> | | OC CHEMICAL WEAPON <input type="checkbox"/> | | IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> | | IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> | | OTHER _____ | |
| | | | | | | | | | | | | |
| 12 | WEAPON DISCHARGE INCIDENT | | WRISTLOCK <input type="checkbox"/> | | CANINE <input type="checkbox"/> | | OTHER _____ | | OTHER _____ | | OTHER _____ | |
| | | | | | | | | | | | | |
| 13 | WEAPON DISCHARGE INCIDENT | | ARM BAR <input type="checkbox"/> | | TASER (Probe Discharge) <input type="checkbox"/> | | TASER (Contact Stun) <input type="checkbox"/> | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
| | | | | | | | | | | | | |
| 14 | WEAPON DISCHARGE INCIDENT | | PRESSURE SENSITIVE AREAS <input type="checkbox"/> | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
| | | | | | | | | | | | | |
| 15 | WEAPON DISCHARGE INCIDENT | | CONTROL INSTRUMENT <input type="checkbox"/> | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
| | | | | | | | | | | | | |
| 16 | WEAPON DISCHARGE INCIDENT | | OC CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/> | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
| | | | | | | | | | | | | |
| 17 | WEAPON DISCHARGE INCIDENT | | OTHER _____ | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
| | | | | | | | | | | | | |
| 18 | WEAPON DISCHARGE INCIDENT | | OTHER _____ | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
| | | | | | | | | | | | | |
| 19 | WEAPON DISCHARGE INCIDENT | | OTHER _____ | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
| | | | | | | | | | | | | |
| 20 | WEAPON DISCHARGE INCIDENT | | OTHER _____ | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
| | | | | | | | | | | | | |
| 21 | WEAPON DISCHARGE INCIDENT | | OTHER _____ | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
| | | | | | | | | | | | | |
| 22 | WEAPON DISCHARGE INCIDENT | | OTHER _____ | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
| | | | | | | | | | | | | |
| 23 | WEAPON DISCHARGE INCIDENT | | OTHER _____ | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
| | | | | | | | | | | | | |
| 24 | WEAPON DISCHARGE INCIDENT | | OTHER _____ | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
| | | | | | | | | | | | | |
| 25 | WEAPON DISCHARGE INCIDENT | | OTHER _____ | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
| | | | | | | | | | | | | |
| 26 | WEAPON DISCHARGE INCIDENT | | OTHER _____ | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
| | | | | | | | | | | | | |
| 27 | WEAPON DISCHARGE INCIDENT | | OTHER _____ | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
| | | | | | | | | | | | | |
| 28 | WEAPON DISCHARGE INCIDENT | | OTHER _____ | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
| | | | | | | | | | | | | |
| 29 | WEAPON DISCHARGE INCIDENT | | OTHER _____ | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
| | | | | | | | | | | | | |
| 30 | WEAPON DISCHARGE INCIDENT | | OTHER _____ | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
| | | | | | | | | | | | | |
| 31 | WEAPON DISCHARGE INCIDENT | | OTHER _____ | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
| | | | | | | | | | | | | |
| 32 | WEAPON DISCHARGE INCIDENT | | OTHER _____ | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
| | | | | | | | | | | | | |
| 33 | WEAPON DISCHARGE INCIDENT | | OTHER _____ | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
| | | | | | | | | | | | | |
| 34 | WEAPON DISCHARGE INCIDENT | | OTHER _____ | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
| | | | | | | | | | | | | |
| 35 | WEAPON DISCHARGE INCIDENT | | OTHER _____ | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
| | | | | | | | | | | | | |
| 36 | WEAPON DISCHARGE INCIDENT | | OTHER _____ | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
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| 37 | WEAPON DISCHARGE INCIDENT | | OTHER _____ | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
| | | | | | | | | | | | | |
| 38 | WEAPON DISCHARGE INCIDENT | | OTHER _____ | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
| | | | | | | | | | | | | |
| 39 | WEAPON DISCHARGE INCIDENT | | OTHER _____ | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
| | | | | | | | | | | | | |
| 40 | WEAPON DISCHARGE INCIDENT | | OTHER _____ | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
| | | | | | | | | | | | | |
| 41 | WEAPON DISCHARGE INCIDENT | | OTHER _____ | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
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| 42 | WEAPON DISCHARGE INCIDENT | | OTHER _____ | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
| | | | | | | | | | | | | |
| 43 | WEAPON DISCHARGE INCIDENT | | OTHER _____ | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
| | | | | | | | | | | | | |
| 44 | WEAPON DISCHARGE INCIDENT | | OTHER _____ | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
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| 45 | WEAPON DISCHARGE INCIDENT | | OTHER _____ | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
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| 46 | WEAPON DISCHARGE INCIDENT | | OTHER _____ | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
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| 47 | WEAPON DISCHARGE INCIDENT | | OTHER _____ | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
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| 48 | WEAPON DISCHARGE INCIDENT | | OTHER _____ | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
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| 49 | WEAPON DISCHARGE INCIDENT | | OTHER _____ | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
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| 50 | WEAPON DISCHARGE INCIDENT | | OTHER _____ | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
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| 51 | WEAPON DISCHARGE INCIDENT | | OTHER _____ | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
| | | | | | | | | | | | | |
| 52 | WEAPON DISCHARGE INCIDENT | | OTHER _____ | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
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| 53 | WEAPON DISCHARGE INCIDENT | | OTHER _____ | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
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| 54 | WEAPON DISCHARGE INCIDENT | | OTHER _____ | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
| | | | | | | | | | | | | |
| 55 | WEAPON DISCHARGE INCIDENT | | OTHER _____ | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | |
| | | | | | | | | | | | | |
| 56 | WEAPON DISCHARGE INCIDENT | | OTHER _____ | | TASER (Laser Targeted) <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | | | | |

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR OF THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject is deceased.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Officer Gaffney's actions were in compliance with the Department's Use of Force policy.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1072125 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

MC NAUGHTON, DAVID R

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

21-OCT-2014 05:20:49

79. DISTRIBUTION OF ORIGINAL IRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I O D REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR'S THIS EVENT No.

3